

PRINTED: 03/04/2011  
FORM APPROVED  
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445343	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  02/28/2011
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NAME OF PROVIDER OR SUPPLIER

BRIDGE AT SOUTH PITTSBURG, THE

STREET ADDRESS, CITY, STATE, ZIP CODE

201 EAST 10TH STREET

SOUTH PITTSBURG, TN 37380

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 025 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the smoke barriers.</p> <p>The findings include:</p> <p>Observation of the area above the smoke doors by room 31 on 2/28/11 at 10:25 AM, revealed a penetration in the wall. National Fire Protection Association (NFPA) 101, 8.2.3.2.3.1</p> <p>This findings was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/28/11.</p>	K 025	<p><b>K025 NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3.</p> <p>Penetrations identified in the wall by room 301 were sealed.</p> <p>All residents have the potential to be affected by this cited practice.</p> <p>Maintenance Director/Designee will educate Maintenance staff on reporting/correcting penetrations in walls when identified. Maintenance Director/Designee will inspect areas above smoke doors throughout the week and report identified areas to Administrator.</p> <p>Maintenance Director/Designee will report results and follow-up to the Administrator. The Administrator will report findings to QA monthly x 2 months.</p>	4/1/2011
K 029 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and</p>	K 029		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  BRIDGE AT SOUTH PITTSBURG, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 EAST 10TH STREET SOUTH PITTSBURG, TN 37380		
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K 029	Continued From page 1 doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1  This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the hazardous areas.  The findings include:  Observation of the mechanical room by room 208 on 2/28/11 at 11:00 AM, revealed a penetration in the ceiling. National Fire Protection Association (NFPA) 101, 19.3.2.1  This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/28/11. NFPA 101 LIFE SAFETY CODE STANDARD	K 029	<b>K029 NFPA 101 LIFE SAFETY CODE STANDARD</b>  One hour fire rated construction (with 3/4 hours fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas.  Penetration in mechanical room by room 208 was sealed.  All residents have the potential to be affected by this cited practice.  Ceilings in the facility were inspected to identify penetrations in need of sealing. Department Heads will observe ceilings for penetrations during walking rounds throughout the week and report concerns to the Administrator during stand-up meeting. Maintenance Director/Designee will inspect ceilings in the facility for penetrations weekly x 4 weeks, then monthly thereafter. Identified penetrations will be sealed immediately.	4/7/2011	
K 038 SS=D	Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1  This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the exits.  The findings include:  Observation of the secured unit on 2/28/11 at	K 038	<b>K038 NFPA 101 LIFE SAFETY CODE STANDARD</b>  Exit access is arranged so that exits are readily accessible at all time in accordance with section 7.1. 19.2.1.  The Special Care Unit exit door was immediately cleaned of paint.	4/7/2011	

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K 038	Continued From page 2 10:20 AM, revealed the exit door's glass was covered up with paint creating the imaging this was not an exit door. National Fire Protection Association (NFPA) 101, 7.5.1.1	K 038	All residents on the SCU have the potential to be affected by the cited practice.		
K 050 SS=D	This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/28/11. NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2  This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to train the staff in fire drills.  The findings include:  Observation during the fire drill on 2/28/11 at 10:43 AM, revealed the staff did not announce code red, the location of the fire, pushed a custodial cart into the room of the fire and did not activate the fire alarm system. National Fire Protection Association (NFPA) 101, 19.2.3  This findings was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/28/11.	K 050	Maintenance Director/Designee will inspect the SCU exit door throughout the week to ensure the door is not painted. Maintenance Director/Designee will educate SCU staff regarding need to not disguise the exit door. Identified concerns will be corrected immediately and reported to the Administrator in stand-up meeting.  Maintenance Director/Designee will report identified concerns to the Administrator throughout the week. The Administrator will report findings to QA monthly x 2 months and when indicated.  K050 NFPA 101 LIFE SAFETY CODE STANDARD  Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine.  The staff identified as not properly responding to the fire drill were re-educated to facility protocol.  All residents have the potential to be affected by this cited practice.  Maintenance Director/Designee will (re)educate staff regarding fire drill protocol. Maintenance Director/Designee will conduct weekly fire drills on varying shifts x 4 weeks and PRN until compliance is demonstrated. Deviations from protocol, identified during fire drills, will be addressed with staff and education provided.	4/7/2011	

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K 052 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the fire alarm system.</p> <p>The finding include:</p> <p>Observation of the dining room on 2/28/11 at 10:10 AM, revealed the fire alarm's pull station was blocked with a chair. National Fire Protection Association (NFPA) 72, 2-8.2.1</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/28/11.</p>	K 052	<p>Maintenance Director/Designee will report results of fire drills and (re)education provided to the Administrator. The Administrator will report findings to QA monthly.</p> <p><b>K052 NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>A fire alarm system required for life safety is installed, tested and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72.</p> <p>The chair was immediately removed from the pull station.</p> <p>All residents have the potential to be affected by the cited practice.</p> <p>Maintenance Director/Designee will (re)educate staff on maintaining access to pull stations. Department Heads will observe pull stations for objects blocking their use during walking rounds throughout the week. Identified objects will be removed immediately and findings reported in stand-up meeting. Maintenance Director/Designee will observe areas with pull stations for proper access throughout the week and report findings to the Administrator.</p>	4/7/2011	
K 147 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the</p>	K 147	<p>Maintenance Director/Designee will report results of blocked pull stations and (re)education provided to the Administrator. The Administrator will report findings to QA monthly.</p>		

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K 147	<p>Continued From page 4</p> <p>facility failed to maintain the electrical system. National Fire Protection Association (NFPA) 70, 110-12</p> <p>The findings include:</p> <p>Observations on 2/28/11, at 10:15 AM, revealed broken light covers located in the following areas:</p> <ol style="list-style-type: none"> <li>1. Station 1 small bath and pantry.</li> <li>2. Station 2 soiled lining room and shower room.</li> <li>3. The laundry room.</li> <li>4. The kitchen's dry storage room.</li> </ol> <p>Theses findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/28/11.</p>	K 147	<p>K147 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, national Electrical Code 9.1.2</p> <p>Identified light covers were replaced.</p> <p>All residents have the potential to be affected by this cited practice.</p> <p>Maintenance Director/Designee will (re)educate staff on reporting broken light covers noting it in Maintenance Log. Department Heads will observe environment for broken light covers during morning rounds throughout the week. Identified light covers will be replaced and findings reported in stand-up meeting. Maintenance Director/Designee will observe light covers and Maintenance Log throughout the week and report findings to the Administrator.</p> <p>Maintenance Director/Designee will report broken light covers to the Administrator. The Administrator will report findings to QA monthly x 3 months.</p>	4/7/2011	